

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573267

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.		DEP.		IND.		
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TOTAL IND.					5	8	
TOTAL DEP.					4	1	
TOTAL CLAIMS					9	9	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.		DEP.		IND.		
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TOTAL DEP.							
TOTAL CLAIMS							